

## PGME COMMITTEE MEETING

Minutes      Date: December 19th, 2017      Time: 7:00-8:00am      Location: HSA 101

Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean
Attendees	G. Cooper, G. Eastabrook, K. Faber, D. Farquhar, P. Gill, S. Gryn, R. Hammond, J. Howard, N. Huda, H. Iyer, M. Jenkins, S. Mioduszewski, M. Ott, M. Prefontaine, S. Rumas, M. Sharma, F. Siddiqi, M. Taabazuing, G. Tithecott, T. VanHooren, J.A. VanKoughnett, S. VanUum, S. Venance, J. Wickett; PARO Reps: C. Just, M. Li; Hospital Rep: B. Davis; P.A. Exec Rep: L. Dengler; Guests:
Note taker	Courtney Newnham; Courtney.newnham@schulich.uwo.ca

### Agenda Topics

1. CBME PROGRESS REPORT		Dr. S. Venance
Discussion	<ul style="list-style-type: none"> <li>. The RCPSC has posted on its website a document called "Myths and Realities of CBME"</li> <li>. The link will be circulated with the Schulich CBME newsletter next month</li> <li>. CBME team has been meeting with programs to discuss tech needs and curriculum mapping; meetings involve the PD, CBME lead, and PA</li> <li>. If programs have questions prior to meeting, please don't hesitate to get in touch with Dr. Shannon Venance, Joan Binnendyk, or Sylvia Mioduszewski</li> <li>. E-portfolio is still the vehicle that Schulich is using to address CBME needs</li> <li>. Sylvia has requested faculty lists for those who are in the 2018 rollout; critical to ensure that PA or Manager is able to obtain the name and email addresses of the faculty who assess residents, along with senior residents who may be assessing other residents</li> <li>. The CBME team will be addressing programs who have faculty members who assess residents but print out the electronic assessment form and then hand it back to be entered in the system manually; Sylvia is happy to work with programs to address this issue with faculty</li> </ul>	
2. ACCREDITATION UPDATE		Dr. C. Watling
Discussion	<ul style="list-style-type: none"> <li>. On February 27<sup>th</sup> &amp; 28<sup>th</sup>, the PGE office will be undergoing an external review of the institution as it supports PGE; Dr. Glen Bandiera from the University of Toronto will be chairing the review</li> <li>. The expectation is that those meeting with the survey team will be honest about what is working well and what could be improved; the more accuracy reflected in the report, the more helpful in preparing for 2019</li> <li>. The PGE Committee will meet on February 28<sup>th</sup> at 8am in HSA101</li> <li>. The on-site RCPSC &amp; CFPC Accreditation visit will take place on November 24-29<sup>th</sup>, 2019; please protect those dates as it is important for as many people as possible to participate (ideally, all residents, all faculty, Dept. Chair, PD, PA, and RPC members); information will be circulated shortly</li> </ul>	

### 3. PD JOB DESCRIPTION, PD SELECTION GUIDELINES, TEACHER ASSESSMENT GUIDELINES

Dr. C. Watling

Discussion	<p>The following job description and guidelines were revised or created in order to address the new Accreditation standards.</p> <p><b>PD Job Description:</b></p> <ul style="list-style-type: none"> <li>. Required to have a sound PD job description that is up-to-date, that reflects what PDs actually do and can facilitate recruiting PDs and annual discussions with your Chair or Postgraduate Dean</li> <li>. The updated version was circulated to the Committee and discussed</li> <li>. Job description may appear daunting by articulating all of the things a PD is responsible for which can be used to a PDs advantage in order to advocate for the resources they need</li> <li>. Comments will be received by Dr. Watling until Friday December 23<sup>rd</sup> at which point the document will be finalized and circulated in the new year</li> </ul> <p><b>PD Selection Guidelines:</b></p> <ul style="list-style-type: none"> <li>. An Accreditation requirement that must include a process for the appointment of PDs and that the PG Dean be involved in that process</li> <li>. In a number of departments, it is a mystery on how a PD is selected which can be frustrating for some faculty and has the potential to make it so departments may not even know who in their group is interested in applying</li> <li>. The use of the word "guidelines" is intentional as these are "shoulds" and not "musts"</li> <li>. Programs may decide to not follow all of the guidelines but it should be articulated why</li> <li>. Document discussed by the Committee; Comments will be received by Dr. Watling until Friday December 23<sup>rd</sup> at which point the document will be finalized and circulated in the new year to Dept. Chairs and Chiefs</li> </ul> <p><b>Teacher Assessment Guidelines:</b></p> <ul style="list-style-type: none"> <li>. In 2012, the lack of these guidelines was listed as a weakness at the Institutional level</li> <li>. The document outlines the feedback to teachers and ways this should be addressed</li> <li>. The RPC has to take some responsibility and have a mechanism to ensure that the assessment of teachers is taking place</li> <li>. Reminder that Schulich has a Faculty Affairs office intended to support and make sure processes are fair to faculty</li> <li>. There are technological ways to deal with faculty and resident assessment; if a program is interested in learning more, please contact Sylvia Mioduszewski</li> <li>. The document was reviewed and comments are welcome by Friday December 23<sup>rd</sup>, 2017</li> </ul>
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### 4. PGE TERMS OF REFERENCE

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> <li>. An updated version of the Terms of Reference was sent to the Committee for review</li> <li>. Suggestion to incorporate a required number of PGE Committee meetings that PDs must attend; 50% was proposed with the option of sending a delegate when PD cannot attend</li> <li>. Comments will be received by Dr. Watling until Friday December 23<sup>rd</sup> at which point the document will be finalized and re-circulated in the New Year</li> </ul>
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### 5. CQI FOR THE PGE COMMITTEE

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> <li>. An overarching theme to the new accreditation standards is continuous quality improvement</li> <li>. The reason for this shift is because accreditation is being framed as a CQI exercise rather than a point in time review</li> <li>. There needs to be evidence that the Committee makes attempts at CQI for the function of the PGE Committee by collecting information regularly on how it is functioning, what is and is not working, and use that information to make changes</li> <li>. Committee decided using surveys was the most effective method for obtaining CQI information</li> </ul>
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## 6. WORKPLACE SAFETY & RESIDENCY INJURIES PROCESSES

**B. Davis**

Discussion	<ul style="list-style-type: none"> <li>. Under Occupational Health &amp; Safety Act/Regulations residents are considered "workers"</li> <li>. All workplace related injuries must be reported, and followed up</li> <li>. Goal is to consider "corrective actions" that may have prevented injury; most common are "needle sticks" (two per month)</li> <li>. Both LHSC and St. Joseph's use online reporting system; the Adverse Event Management (AEMs) is proprietary software used</li> <li>. At LHSC, system is also named AEMs which is used for clinical events (involve pts), workplace events (involve workers), and complaints/compliments</li> <li>. At St. Joseph's system is named: Patient Safety Reporting (PSR), Workplace Occurrence Reporting (WORs), and Patient Feedback</li> <li>. Systems work fundamentally the same</li> <li>. When a resident is involved in a workplace occurrence they will be asked to complete a AEM's/WORs report</li> <li>. Ask will come from Occupational Health, Emergency (WSIB cases), or leadership in clinical area where injury occurred</li> <li>. If you are informed of the injury by a resident in your role as PD, you should request they complete a AEMs/WORs (duty as supervisor)</li> <li>. Medical Affairs will be notified of all resident workplace occurrences</li> <li>. All injuries requiring "first aid" (level 2) or "healthcare" (level 3) are also reported to Joint Health Safety Committee</li> <li>. Normal practice is to "notify" the program director and reach out to resident</li> <li>. Notification is through system, which will generate a "notification" email</li> <li>. Medical Affairs will check in with resident and inquire of corrective actions, via email, cc'ing PD</li> <li>. Role of PD: check in with resident, offer support, discuss with resident what if any corrective actions should be taken to prevent further occurrences, communicate that back to Medical Affairs who will document and sign off</li> <li>. Under legislation (OHSA) Labour Ministry inspectors will ask to see evidence</li> <li>. MoL focus is on "workplace violence" (patient to health care worker) and were PPE/safety devices being used, was worker trained and was device used properly</li> <li>. Distributed site injuries are sometimes reported back to Medical Affairs if they occur in the community, or the Occupational Health Dept. if it occurs at the hospital they are working in</li> <li>. Moving forward, aggregate data will be provided to the Committee</li> </ul>
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## 7. NURSE PARTICIPATION IN 360 EVALUATIONS

**Dr. T. VanHooren**

Discussion	<ul style="list-style-type: none"> <li>. In preparation for CBME implantation, 360 evaluations were reviewed with the intent of trying to incorporate allied health professionals</li> </ul>
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- . One of the roadblocks for some programs has been with nursing staff because of the power differential and the role description (i.e. how will nurses be compensated for their time)
- . Program Directors discussed their experience with incorporating nurse evaluations which for the most part was a positive experience where nurse feedback was described as being very valuable
- . Some programs only use Nurse Practitioners while others use floor and OR nurses without further compensation
- . A suggestion to maintain anonymity is to aggregate feedback not by role
- . Most programs will have to address this issue as one of the four core CBME assessment forms is a multi-source feedback form

## 8. ADJOURNMENT AND NEXT MEETING

Date and time	The meeting was adjourned at 8:02 am. Next meeting scheduled for <b>Wednesday, January 10<sup>th</sup>, 2018, 7:00-8:00am, HSA101</b>
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